United States Senate Washington, DC 20510-0905



Consent For Release Of Information

I'm very concerned you are in need of assistance, and want you to know we're committed to doing our best to resolve your problem. The first thing you need to do is fill out this form and return it quickly to me by fax or mail. This has to be done before I can legally act on your behalf. This is a free service. The form not only tells me about your concerns, but also allows government agencies to share your information with me. (It is something required by the Privacy Act of 1974.)

Pl	ease note, if you a	re inquiring on be	half of someone, th	nat person	must sign the	release.		
Today's Date 3/15/2017			Social Security Number					
○ Mr. ○ Mrs. (●Ms. ⊖ Dr. Deb	ra Lind McCormack			•		***************************************	
Mailing Address	1506 South Ore	First gon Circle	Middle			Last		
	Tampa, Florída 33612							
	***************************************					***************************************	***************************************	
Home Phone	813-830-1430	Cell Phone	813-830-1430 Work Phone					
Date of Birth	3/30/1953	E-mail Addre	ail Address debralind.mccormack@gmail.com					
I hereby authorize Senator Nelson or his represe and to obtain information about me pertaining to Signature Debra Lind McCormack Please			For The Atte	stance.	Marcíe Randolph			
By Mail: By F.		ax:		Questions:				
Office of Senator Bill Nelson Fax: 225 East Robinson Street, Suite 410 Orlando, Florida 32801						(407) 872-7161 Florida Only: 091		
		For	OFFICE USE ONLY		***************************************	***************************************	***************************************	
IT: O Yes O No	IT #	(Caseworker Only)	Cross Reference Na	me	***************************************	~~~~~~	**********	
Referral: O FTL	OFTM OJAX	OMIA OORL	OTAL OTPA	○ WPB	OBN OGN	O PM	O BS	
Web Tracking #								

Please complete the sections that apply to your case.

	Militar	y or Veteran's Issu	es									
Military ID/VA ID/Other ID Nur Rank / Unit	nber											
Immigration Issues												
Receipt Number Date of Birth Type of Application Filed	3/30/1953	Alien Registration Number A - Place of Birth										
Social Security Administration Issues												
Type of claim filed?												
		☐ Pending ☐ Pending ☐ Pending ☐ Pending ☐ Pending	☐ Approved ☐ Approved ☐ Approved ☐ Approved	☐ Denied ☐ Denied ☐ Denied ☐ Denied								
		Case Details										
Please briefly explain your problem. (In writing, provide my office with a detailed account. Include any additional relevant correspondence that you have initiated or received concerning your problem.) Since January 2017												
The U of Oregon, hired by E thought this was very strange Sherada Hobgood Ombudspenobgood Sherada@epa.gov I have Margaret Hathaway, M We want to know specif 1. May I have the regulatory 2. May I have the scientific st 4. May I have the reasons fo 5. May I have the scientific st 6. May I have the regulation 6. May I have the regulation	e when I spoke with erson, Registration I has provided no information as provided no information and the change being a studies used to support the change the	her last week. Division Office of contion. Nor has A vin Costello all frong: ing of a 24c for Cocceptable regarding the health considered the environment.	Pesticide Program Anitha Peters peter om the EPA. The EPA Reg # The Ing human health. The Ing the environmental consideration	ms 703/308-8893 ers.anthia@epa.gov 4 62719-32 nt.	. Nor							

Senator Nelson can help me by stooping the use of this product in the State of Florida until the EPA can provide the studies listed above. Based on the number of times the EPA has declared something safe an withdrawn it from the market, placing humans at risk of getting cancer should not happen on his watch. He can stop the use of all carcinogenic products, because it is the right thing to do and he has always stood for the moral thing to do. Bless him always.

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